



3863
IFIN

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/020,143
		Filing Date	December 13, 2001
		First Named Inventor	Alduino
		Art Unit	3363
		Examiner Name	Nelson Moskowitz
Total Number of Pages in This Submission	7	Attorney Docket Number	42390P11010

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

First Class Certificate of Mailing, the stamped return postcard and copies of the six (6) cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	MAY 14, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	May 14, 2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEET TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known	
Application Number	10/020,143
Filing Date	December 13, 2001
First Named Inventor	Alduino
Examiner Name	Nelson Moskowitz
Art Unit	3363
Attorney Docket No.	42390P11010

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/>	- 20*	= <input type="checkbox"/>	X <input type="checkbox"/> = <input type="checkbox"/>
<input type="checkbox"/>	3 = <input type="checkbox"/>	X <input type="checkbox"/> = <input type="checkbox"/>	
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
2053	130	2053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	420	2252	210	Extension for reply within second month			
1253	950	2253	475	Extension for reply within third month			
1254	1,480	2254	740	Extension for reply within fourth month			
1255	2,010	2255	1,005	Extension for reply within fifth month			
1404	330	2401	165	Notice of Appeal			
1402	330	2402	165	Filing a brief in support of an appeal			
1403	290	2403	145	Request for oral hearing			
1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unavoidable			
1453	1,330	2453	665	Petition to revive - unintentional			
1501	1,330	2501	665	Utility issue fee (or reissue)			
1502	480	2502	240	Design issue fee			
1503	640	2503	320	Plant issue fee			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	770	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	770	2801	385	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify)							

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

ALDUINO

Application No.: 10/020,143

Filed: December 13, 2001

For: **Optical Amplifier with Transverse Pump**

Art Group: 3363

Examiner: Nelson Moskowitz

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed for applications filed after June 30, 2003). This IDS and IDS Citation Form are being submitted within three (3) months of filing of the application. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The references were cited in a Search Report dated November 22, 2002 (copy enclosed herewith) in a counterpart PCT application, which was forwarded to Applicant's Representative in a communication dated December 23, 2003.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: MAY 14, 2004

Brent E. Vecchia
Brent E. Vecchia, Reg. No. 48,011

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (303) 740-1980

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Krista Mathieson May 14, 2004
Krista Mathieson Date



Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

2

<i>Complete if Known</i>	
Application Number	10/020,143
Filing Date	December 13, 2001
First Named Inventor	Alduino
Art Unit	3363
Examiner Name	Nelson Moskowitz
Attorney Docket Number	42390P11010

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

*Applicant's unique citation designation number (optional). *See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. *Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). *For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. *Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. *Applicant is to place a check mark here if English language Translation is attached.

Based on PTO/SB/08A (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 08/11/2003.

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<p>Substitute for form 1449A/PTO</p> <h1 style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1>				<i>Complete If Known</i>	
Sheet	2	of	2	Application Number	10/020,143
				Filing Date	December 13, 2001
				First Named Inventor	Alduino
				Art Unit	3363
				Examiner Name	Nelson Moskowitz
				Attorney Docket Number	42390P11010

NON PATENT LITERATURE DOCUMENTS

Examiner Signature	Date Considered
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***Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

*Applicant's unique citation designation number. *Applicant is to place a check mark here if English language Translation is attached.

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